



## **SAMPLE PARENT ATHLETIC SURVEY**

Dear Parents,

There is a growing desire to improve athletic health care in our school/district. The purpose of this survey is to evaluate the current status of athletic health care, and to establish the current feasibility and support for the hiring of an NATABOC certified athletic trainer. Please read the information provided below and fill out the attached survey. Please return to the school by **INSERT DATE HERE** so that we might consider your feedback in any decisions we might make. Thank you for taking the time to help us serve your student better!

### **Why a certified athletic trainer?**

Secondary school athletic trainers are available to provide quality health and injury care for student athletes involved in both practices and contests. AT's providing immediate care to acute injuries may have a significant impact on a reduction of re-injuries athletes incur.

Following proper evaluation and treatment procedures, athletes are less likely to aggravate an existing injury when the directions from an on-site AT are followed. Full-time secondary school athletic trainers offer the additional benefit of being available during the school day to assist the injured athlete with recovery by implementing the instructions from the team or personal physician for treatment of that injury.

Providing these services on at your school can tremendously reduce lost instructional time for the student athlete. Decrease in absenteeism can also result in retention of state funding for public schools. It can also reduce lost work time by parents trying to get their child to physician and rehabilitation appointments.

Many schools have compared the cost of treating their injured athletes at local clinics with treating them onsite under the supervision of an AT. They have found that their athletic trainers are providing the equivalent to thousands of dollars of athletic training services per year to their athletes. (Berry 1993, Almquist & Reynolds) These comparisons suggest that it is financially feasible and fiscally responsible to invest in employing a certified athletic trainer.

**SURVEY**

Name (optional): \_\_\_\_\_

<b>Question</b>	<b>Yes</b>	<b>No</b>
Based on the information provided above above the role of a certified athletic trainer, do you feel your athlete would benefit from the district pursuing a contract for certified athletic training services?		
Would you feel comfortable supporting the school athletic department’s engagement through additional booster club projects or increased athletic fees? If there is a preferred method, please indicate below:		
Based on your personal experience in athletics - through our district, or in your own athletic career, do you feel that our athletes would benefit from having a certified athletic trainer available to them?		

We want to ensure that every question and concern is considered. Please provide any notes or questions you wish for the district to consider in the space provided below.

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As we weigh our decision, we will work to keep you informed. Please look for updates on this process in the near future.

With gratitude,  
**[DISTRICT OR SCHOOL] Athletic Department**